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Surivon UK: Safeguarding Report Form

Effective Date: 15/02/2026

Founder: Mr. Wagner Victor dos Santos Penteadó, trading as Surivon UK

Website: www.surivonuk.co.uk

Designated Safeguarding Lead (DSL): Mr. Wagner Victor dos Santos Penteadó | contact@surivonuk.co.uk | +44 7710891694

Surivon UK (“we”, “our”, “us”) provides professional interpreting, travel planning, and business support services. By accessing or using our services, you agree to the following Safeguarding Policy.

Purpose:

Use this form to report any concerns about the safety or welfare of a child, young person, or vulnerable adult. All information will be treated confidentially and shared only with the Designated Safeguarding Lead (DSL) and appropriate authorities when necessary.

1. Reporter Details

- Your Name: _____
- Your Role/Relationship to Surivon UK: _____
- Email: _____
- Phone: _____
- Preferred Method of Contact: Email Phone

2. Individual at Risk Details

- Full Name: _____
 - Date of Birth / Age: _____
 - Gender: Male Female Other
 - Vulnerability/Condition (if known): _____
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3. Details of Concern

- Date and Time of Incident / Concern: _____
- Location: _____
- Description of Concern or Incident:

(Provide as much detail as possible; include what was observed or reported. Use verbatim statements if applicable.)

- People Present (if any): _____
 - Any Immediate Action Taken: _____
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4. Nature of Concern

- Physical Abuse
 - Emotional / Psychological Abuse
 - Sexual Abuse / Exploitation
 - Neglect
 - Bullying / Harassment
 - Poor Practice by Staff / Contractor
 - Other: _____
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5. Supporting Information

- Any Evidence Available (photos, messages, recordings, documents):
(Please indicate if you can provide copies safely.)

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- Has the Concern Been Reported Elsewhere? Yes No

If yes, where and to whom: _____

6. Confidentiality & Consent

- I understand that this information will be shared only with those who need to know to protect the individual.
- I understand that the DSL may need to share this information with local authorities, police, or other safeguarding agencies if there is a risk of harm.

I agree to this statement

7. Declaration

I confirm that the information provided in this form is accurate to the best of my knowledge.

- Name: _____
 - Signature (digital or typed): _____
 - Date: _____
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8. Submission

- Email this form to the DSL: contact@surivonuk.co.uk
- Phone (if urgent): +44 7710891694

Emergency: If someone is at immediate risk of harm, call 999.

9. Consent (Adult Safeguarding Only)

Please complete this section only for adult safeguarding cases.

- I have been informed about the reason for sharing my personal information and understand how it will be used to ensure my safety and wellbeing.
- I understand that I have the right to give or refuse consent, except where there is a legal obligation or serious risk of harm that requires information to be shared without consent.

I give my consent for relevant information to be shared with safeguarding professionals.

I do not give my consent for my information to be shared (I have been informed that information may still be shared if there is a legal or safeguarding duty).

Name of adult: _____

Signature: _____

Date: _____

Legal references: *Care Act 2014 (Section 42)*, *UK GDPR (Articles 6 and 9)*, and *Data Protection Act 2018*: lawful sharing of information in adult safeguarding contexts.

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